AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: []IXC []CLEC []ILEC []Wireless

CERTIFICATED COMPANY INFORMATION								
Company Name				FEIN/SSN				
Dba/fka				Telephone #				
Mailing Addre	ess							
City, State, Zip	p Code							
Business Loca	ation							
City, State, Zip Code				County				
		REGISTERED AGE	NT INFO	<u>RMATION</u>				
Registered Ag	gent:							
Mailing Address:								
City, State, Zi _l	p Code:							
<u>Pursuan</u>	t to the Commission's	rules and regulations,	print or ty	pe company contact for the following areas:				
٨								
	A. General Manager (Include address if different than above.)							
Teleph	one Number	/ Facsimile Number	1	E-mail Address				
·								
	B. Customer Relations /Complaints Representative (Include address if different than above.)							
Talanh	ana Niverbar	/ Faceinaile Number	1	C mail Address				
·	one Number	Facsimile Number		E-mail Address				
C1. Custon	C1. Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)							
	·	1	1	· · · · · · · · · · · · · · · · · · ·				
•	one Number	Facsimile Number		E-mail Address				
C2. Custon	Customer Contact (Toll Free Number)							
D. Engineering Operations (Include address if different than above.)								
		1	1					
	one Number	Facsimile Number		E-mail Address				
E. Test and Repair (Include address if different than above.)								
		1	1					
Teleph	one Number	Facsimile Number		E-mail Address				

F.									
	Emergencies (During non-	office hours)							
	Talankana Nimakan	Faccionila Numbra	/ Funcil Address						
	Telephone Number	Facsimile Number	E-mail Address						
In add	dition, please provide the follo	wing company contact informat	tion to assist in proper routing of correspond	ondence and invoices:					
G.									
	Regulatory Officer (Incl	ude address if different than above	e.)						
	Telephone Number	/ Facsimile Number	/ E-mail Address						
Н.	relephone Number	i acsimile ivamber	L-mail Address						
11.	Dual Party Mailings (Nam	Dual Party Mailings (Name)							
	Mailing Address								
	Mailing Address	1	1						
	Telephone Number	Facsimile Number	E-mail Address	<u> </u>					
l.	Interim LEC Fund Mailing	nterim LEC Fund Mailings (Name)							
	micrim EEO i and maning.	(Namo)							
	Mailing Address	,							
	Telephone Number	/ Facsimile Number	/ E-mail Address						
J.	•								
	Universal Service Fund M	Universal Service Fund Mailings (Name)							
	Mailing Address								
		1	1						
	Telephone Number	Facsimile Number	E-mail Address						
K.	Gross Receipts Mailings	(Name)							
	Mailing Address	ı							
	Telephone Number	Facsimile Number	E-mail Address						
L.	Lifetine Mailines (None)								
	Lifeline Mailings (Name)								
	Mailing Address								
	Telephone Number	/ Facsimile Number	/ E-mail Address						
	relephone Number	i desimile i dambei	L-mail Addi 033						
	This form was completed by	(print name)	Signature						
			_						
	Titl	6	Date						
	RETURN COMPLETED FO	RM TO:							
		Commission of SC	Office of Regulatory Staff						
	Clerk's Office Post Office Dra	wer 11649	Attn: Jeanne Gordon 1401 Main Street, Suite 900						
		th Carolina 29211	Columbia, South Carolina 29201	(Rev. PSC 11/2010)					